

GOOLE
RURAL DISTRICT COUNCIL

ANNUAL REPORT

OF THE
MEDICAL OFFICER
OF HEALTH
AND
SENIOR PUBLIC HEALTH INSPECTOR

1970

GOOLE RURAL DISTRICT COUNCIL

Chairman :

Councillor T. H. HOTCHIN

Died 6th October, 1970

Councillor T. C. KETTLEWELL

Appointed October, 1970

Vice-Chairman :

Councillor T. C. KETTLEWELL

Till October, 1970

Councillor E. COTTAM

Appointed October, 1970

Medical Officer of Health :

MURIEL J. LOWE,

M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

Deputy Medical Officer of Health :

EILEEN M. R. BELL-SYER

M.B., B.S.

Senior Public Health Inspector :

J. ALLAN POTTS,

A.M.I.S.E., M.S.I.A.

Additional Public Health Inspector :

JOHN J. McLAREN,

M.A.P.H.I.

To The Chairman and Members of the Goole Rural District Council

LADIES AND GENTLEMEN,

I have the honour to present to you my second Annual Report on the health of the District and the work of the Health Department for the year 1970.

VITAL STATISTICS

The Birth Rate was 14.4 per thousand population (Adjusted Birth Rate 14.1) which is below the W.R. Rural District Aggregate Rate of 17.0. The Rate for England and Wales was 16.3. The Mean local Rate has remained at about its present level over 5 yearly periods since 1951.

The Crude Death Rate was 11.2, a decrease of 3.4 on the 1969 figure (Adjusted Death Rate 11.4). This Mean Rate, too, has remained reasonably steady over quinquennial periods since 1921, and last year's unusually high rate has only given a very slight rise in the mean quinquennial figure (1966-1970) being 12.2 as against 11.2 for the previous five year mean. Deaths from respiratory diseases only numbered 5, a very low figure, but there were 25 deaths from the greatest killer today, ischaemic heart disease. There were three deaths from cancer of the lung, all in males.

Cigarette smoking must be held responsible for many of these untimely deaths and young people would do well to think hard before starting the misguided habit. Older people might well show their maturity and their insight by giving up such a dangerous and unnecessary practice which has been proved, without doubt, to be a contributory cause of disease of the coronary arteries, and which is, as I have already stated, one of the leading causes of death in developed countries. I quote from "Smoking and Health", a World Health Organisation Resolution:—"It may be estimated that the death rate from this disease would be reduced considerably in the absence of cigarette smoking, particularly in middle-aged men."

With regard to lung cancer this same W.H.O. Publication states:—"Lung cancer is uncommon in non-smokers. The evidence that cigarette smoking greatly increases the incidence of lung cancer is now irrefutable. It can therefore be forecast that if cigarette smoking were to stop or if cigarettes free from the risk of cancer were to be produced, the world-wide epidemic of a disease that at present kills hundreds of thousands of smokers every year would be arrested and begin to recede." **SMOKERS TAKE HEED!!!**

Live Births exceeded deaths by 29.

There were two infant deaths, giving an Infantile Mortality Rate of 15.0 per thousand live births. The W.R. Rural Rate was 20.6 and the Rate for England and Wales was 18.2. There has been a steady decrease in the Infant Mortality as shown by the Mean Rates for quinquennial periods since 1946 which is a very satisfactory state of affairs and this must reflect the general improvement in ante-natal and child care in the District. The two infant deaths recorded were both due to extreme prematurity and there is little that modern medicine can do to prevent this loss at the present time.

INFECTIOUS DISEASES

127 cases of infectious disease were notified during the year and 121 of these were due to measles. Measles vaccination is carried out as a routine in the present immunisation schedule of the county council and the high rate of uptake of these procedures in the county as a whole and of this Division No. 10 in particular, can be accounted for by the computer and by the excellent participation of all staff, both professional and clerical. Measles vaccination has not been as high as the other procedures to date (with the exception of Smallpox vaccination which is also low), but I hope that in future years it will prevent such large outbreaks as we have encountered in the year 1970, particularly if the school entrants are already protected, saving their younger siblings from transmitted infection.

I am glad to be able to report that no new cases of tuberculosis have been notified during the year. There is a reduction in the number of female pulmonary cases on the register. One case in a local institution has died, one patient has left the district, and a third has recovered.

CERVICAL CYTOLOGY

During the year 340 women from Goole and Goole Rural District had the cancer smear test at Goole, Snaith and Swinefleet Clinics of which 92 were seen for the first time. No abnormal smears were found but four women were referred to their general practitioners for further investigation of swellings in the breast. No deaths from cancer of the breast were returned in 1970, but there was one death from cancer of the uterus and it is possible that this life might have been saved had an examination been permitted at the cytology clinic. I would therefore urge all those women of whatever age, and particularly those over 35 years, who have not so far availed themselves of this preventive service to do so without delay.

FAMILY PLANNING

The W.R.C.C. continue to use the Family Planning Association as their agents in this field. The Clinics are held at 7.00-8.30 p.m. on Tuesday evenings in Goole Welfare Clinic, Bartholomew Avenue, Goole.

Consultations are free under the West Riding Scheme and only supplies of contraceptives are charged to patients. In cases where there are health and/or social grounds and where the limitation of families is important to the health and well being of the family group, supplies also are free.

For a happy and harmonious family life I would recommend to all married couples, whatever their convictions and religious persuasions, that they should seek advice on the right method of family planning or limitation for their particular needs.

HEALTH EDUCATION

My Health Visitors have during the year carried out a broad programme of Health Education in the schools. Films have been shown on many subjects including, as part of a general scheme, the important ones as far as the youth of today are concerned : namely Smoking, Drugs and Venereal Disease. We have also been fortunate in having occasional visits from the Principal Schools Medical Officer and the Health Education Nursing Officer from County Hall to give talks and answer questions on these subjects at the Senior Schools.

GOOLE HEALTH CENTRE

The building of Goole Health Centre, which will be an extension of the present Welfare Centre in Bartholomew Avenue, and will house the General Practitioner Service as well as the County Health Services has (May, 1971) at last got off the ground. We may now look forward to an even closer liaison between these two branches of medicine.

A TIME OF RE-ORGANISATION

1970 was a year when broad changes were mooted in the Health Services. Two Acts affecting the Local Authority Health Services reached the Statute Book during the year. These were the Local Authority Social Services Act, 1970 and the Education (Handicapped Pupils) Act, 1970. Both these Acts, which came into operation on the 1st April, 1971 have meant loss of certain functions and staff to the newly formed Social Services Department, on the one hand, and to the Education Department on the other.

The future is full of change. Local Government is to be reformed within new boundaries which have still to be finally accepted. The new Social Services Departments will have had just three years in office before being re-cast in the light of these Local Government reforms. The National Health Service is to be completely re-structured. All of these changes are taking place over one short

period of time and there is a great deal of re-training to be undertaken in the meantime. But we must look forward with hope towards a future unified Health Service in which preventive medicine will play an ever more important rôle.

In conclusion, I wish to record my sincere thanks to my Deputy M.O.H., Dr. Eileen Bell-Syer, for her loyal assistance and advice during my first year of office ; for the support of the members and other Officers of the Council ; the loyal and very helpful services of the Public Health and Divisional Health Service staffs, and for the assistance given by voluntary helpers at the clinics.

I remain,

Your obedient servant.

MURIEL J. LOWE,

Medical Officer of Health.

August, 1971.

GENERAL STATISTICS, 1970

Area of Rural District		38,238 acres
Population (estimated mid 1970)	..	9,120
Number of Houses		3,358
Rateable Value		£254,462 (Apr. 1971)
Product of Penny Rate (estimated)	..	£971·3 (Apr. 1971)

VITAL STATISTICS

	GOOLE R.D.	Aggre- gate West Riding R.D.s	West Riding Admin. County	England and Wales (Provi- sional)
BIRTH RATE (per 1,000 population)	14·4	17·5	17·3	16·0
CRUDE DEATH RATES (per 1,000 population)				
All causes	11·2	9·7	11·7	11·7
Infective and Parasitic Diseases	0	0	0	0
Respiratory Tuberculosis	0·11	0·02	0·02	0·02
Other forms of Tuberculosis	0	0·01	0·01	0·01
Respiratory Diseases .. (excluding Tuberculosis)	6·55	1·36	1·69	0
Malignant Neoplasms	2·30	1·80	2·14	2·39
Heart and Circulatory Diseases	4·50	3·66	4·44	0
Vascular Lesions of Nervous System	1·21	1·42	1·75	0
INFANT MORTALITY (Deaths under one year per 1,000 live births)	15·3	20·6	19·8	18·2
STILLBIRTHS	15·0	14·3	13·6	13·0
PERINATAL MORTALITY	30·1	25·0	24·4	23·5
MATERNAL MORTALITY (Deaths of mothers in childbirth per 1,000 total births)	0	0·11	0·29	0·18

Comparability Factors:

For Births, 0·98.	Adjusted Birth Rate, 14·1.
For Deaths, 1·02.	Adjusted Death Rate, 11·4.

0 Figures not available

BIRTH AND DEATH RATES, 1970 AND MEAN RATES FOR DECENNIAL PERIODS

BIRTH RATE = 14.4

(per 1,000 population)

1901-1910	..	..	27.4	1941-1950	..	..	18.3
1911-1920	..	..	23.6	1951-1960	..	..	15.4
1921-1930	..	..	22.1	1961-1970	..	..	16.0
1931-1940	..	..	16.2				

STILLBIRTHS = 15.0

(per 1,000 total births)

1901-1910	..	..	—	1941-1950	..	..	33.2
1911-1920	..	..	—	1951-1960	..	..	25.6
1921-1930	..	..	—	1961-1970	..	..	23.3
1931-1940	..	..	39.1				

ILLEGITIMATE BIRTHS = 60.1

(per 1,000 total births)

1901-1910	..	..	67.8	1941-1950	..	..	71.6
1911-1920	..	..	88.6	1951-1960	..	..	46.7
1921-1930	..	..	72.1	1961-1970	..	..	46.7
1931-1940	..	..	49.3				

INFANTILE MORTALITY = 15.3

(per 1,000 live births)

1901-1910	..	..	134.7	1941-1950	..	..	43.3
1911-1920	..	..	100.4	1951-1960	..	..	33.9
1921-1930	..	..	82.6	1961-1970	..	..	17.5
1931-1940	..	..	59.0				

NEONATAL MORTALITY = 15.3

(Deaths in first month per 1,000 live births)

1901-1910	..	..	24.5	1941-1950	..	..	19.8
1911-1920	..	..	25.5	1951-1960	..	..	22.8
1921-1930	..	..	22.3	1961-1970	..	..	15.5
1931-1940	..	..	26.6				

PERINATAL MORTALITY = 30.1

(Stillbirths and first week deaths per 1,000 total births)

1921-1930	..	..	—	1951-1960	..	..	45.1
1931-1940	..	..	64.7	1961-1970	..	..	37.0
1941-1950	..	..	53.1				

TOTAL DEATH RATE = 11.2

(per 1,000 population)

1901-1910	..	..	15.7	1941-1950	..	..	11.3
1911-1920	..	..	14.7	1951-1960	..	..	10.2
1921-1930	..	..	12.1	1961-1970	..	..	11.7
1931-1940	..	..	11.5				

DISEASES OF HEART AND CIRCULATION = 4.50

1901-1910	..	..	1.71	1941-1950	..	..	3.54
1911-1920	..	..	1.03	1951-1960	..	..	3.80
1921-1930	..	..	2.22	1961-1970	..	..	4.81
1931-1940	..	..	3.73				

VASCULAR DISEASES OF CENTRAL NERVOUS SYSTEM = 1.21

1901-1910	..	..	—	1941-1950	..	..	0.97
1911-1920	..	..	—	1951-1960	..	..	1.13
1921-1930	..	..	0.79	1961-1970	..	..	1.82
1931-1940	..	..	0.76				

MALIGNANT NEOPLASMS = 2.30

1901-1910	..	..	0.88	1941-1950	..	..	1.70
1911-1920	..	..	1.04	1951-1960	..	..	1.82
1921-1930	..	..	1.37	1961-1970	..	..	2.04
1931-1940	..	..	1.28				

RESPIRATORY DISEASES = 0.55

1901-1910	..	..	2.48	1941-1950	..	..	0.95
1911-1920	..	..	1.88	1951-1960	..	..	1.07
1921-1930	..	..	1.45	1961-1970	..	..	1.38
1931-1940	..	..	0.77				

INFECTIVE AND PARASITIC DISEASES = 0

1901-1910	..	..	1.22	1941-1950	..	..	0.15
1911-1920	..	..	1.26	1951-1960	..	..	0.06
1921-1930	..	..	0.57	1961-1970	..	..	0.02
1931-1940	..	..	0.23				

RESPIRATORY TUBERCULOSIS = 0.11

1901-1910	..	..	0.73	1941-1950	..	..	0.37
1911-1920	..	..	0.67	1951-1960	..	..	0.06
1921-1930	..	..	0.61	1961-1970	..	..	0.03
1931-1940	..	..	0.33				

NON-RESPIRATORY TUBERCULOSIS = 0

1901-1910	..	..	0.70	1941-1950	..	..	0.09
1911-1920	..	..	0.30	1951-1960	..	..	0.02
1921-1930	..	..	0.29	1961-1970	..	..	0.01
1931-1940	..	..	0.13				

MATERNAL MORTALITY = 0

(per 1,000 total births)

1901-1910	..	..	5.33	1941-1950	..	..	1.17
1911-1920	..	..	4.74	1951-1960	..	..	0.63
1921-1930	..	..	3.92	1961-1970	..	..	0.00
1931-1940	..	..	4.54				

BIRTHS, 1970

				Male	Female	Total
Live Births.—Legitimate	..	..	..	62	61	123
Illegitimate	..	..	..	3	5	8
				—	—	—
			Total	65	67	131
Stillbirths	..	..	..	0	1	1

Premature Births.—Babies weighing $5\frac{1}{2}$ lbs. or less at birth.

				Live	Still	Total
Born at home	..	..	..	1	0	1
Born in hospital	..	..	..	5	1	6
				—	—	—
				6	1	7

CAUSES OF DEATH, 1970

				Male	Female	Total
Tuberculosis of respiratory system	..			1	—	1
Syphilis and its sequelae	..	..		—	1	1
Malignant Neoplasm, Oesophagus	..			—	1	1
Malignant Neoplasm, Stomach	..			1	—	1
Malignant Neoplasm, Intestine	..			3	2	5
Malignant Neoplasm, Larynx	..			1	—	1
Malignant Neoplasm, Lung, Bronchus	..			3	—	3
Malignant Neoplasm, Uterus	..	..		—	1	1
Malignant Neoplasm, Prostate	..	..		2	—	2
Leukaemia	..	..	..	—	1	1
Other malignant neoplasms	..	..		1	5	6
Benign and unspecified neoplasms	..			1	1	2
Other diseases of nervous system	..			1	2	3
Chronic Rheumatic heart disease	..			—	2	2
Hypertensive Disease	..	..	..	1	—	1
Ischaemic Heart Disease	..	..	..	14	11	25
Other forms of heart disease	..	..		1	2	3
Cerebrovascular Disease	..	..	..	6	5	11
Other diseases of circulatory system	..			2	8	10
Pneumonia	..	..	..	2	1	3
Bronchitis and Emphysema	..	..		2	—	2
Peptic Ulcer	..	..	..	1	1	2
Intestinal obstruction and hernia	..			1	—	1

	Male	Female	Total
Cirrhosis of Liver	—	1	1
Other diseases of digestive system ..	2	—	2
Nephritis and Nephrosis	1	—	1
Diseases of Musculo-Skeletal system ..	—	1	1
Congenital Anomalies	1	—	1
Other causes of perinatal mortality ..	2	—	2
Symptoms and ill defined conditions ..	1	1	2
Motor vehicle accidents	2	—	2
All other accidents	—	2	2
	—	—	—
TOTAL ALL CAUSES	53	49	102

INFANTILE MORTALITY

Causes of Death in Age Groups

	Under 1 week	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	1 to 3 Months	3 to 6 Months	6 to 9 Months	9 to 12 Months	TOTAL
Prematurity ..	2	..	..	..	..	..	..	..	2
Bronco Pneumonia ..	..	..	..	..	..	..	..	..	..
Hydrocephalus ..	..	..	..	..	..	..	..	..	..
Encephalocoele ..	..	..	..	..	..	..	..	..	..
Congenital heart disease ..	..	..	..	..	..	..	..	..	..
Down's Syndrome ..	..	..	..	..	..	..	..	..	..
Congenital anomalies ..	..	..	..	..	..	..	..	..	..
	2	..	..	..	..	..	..	..	2

TUBERCULOSIS

New cases in 1970

	Male	Female	Total
Pulmonary	0	0	0
Non-Pulmonary	0	0	0

Total Cases on Register

Pulmonary	6	7	13
Non-Pulmonary	1	2	3

National Assistance Acts, 1948-51.

One female was removed to Part III Accommodation under these Acts in 1970.

**CASES OF INFECTIOUS DISEASE
notified during the year 1970**

Notifiable Disease	Number of Cases Notified							
	At all Ages	According to Age						
		Under 1	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	Over 65
Small-pox	:	:	:	:	:	:	:	:
Food Poisoning	1	:	:	1	:	:	:	:
Diphtheria	:	:	:	:	:	:	:	:
Scarlet Fever	1	:	1	:	:	:	:	:
Typhoid Fever	:	:	:	:	:	:	:	:
Acute Meningitis	:	:	:	:	:	:	:	:
Acute Poliomyelitis, paralytic ..	:	:	:	:	:	:	:	:
" " non-paralytic ..	:	:	:	:	:	:	:	:
Acute Encephalitis	:	:	:	:	:	:	:	:
Ophthalmia Neonatorum	:	:	:	:	:	:	:	:
Pulmonary Tuberculosis	:	:	:	:	:	:	:	:
Other forms of Tuberculosis	:	:	:	:	:	:	:	:
Measles	121	2	55	64	:	:	:	:
Tetanus	:	:	:	:	:	:	:	:
Whooping Cough	3	:	3	:	:	:	:	:
Dysentery	:	:	:	:	:	:	:	:
Encephalitis Lethargica	:	:	:	:	:	:	:	:
Infective Jaundice	1	:	:	:	1	:	:	:
Malaria	:	:	:	:	:	:	:	:
Totals	127	2	59	65	1	0	0	0

STATISTICS WEST RIDING DIVISION No. 10

1970

1. HEALTH VISITING (Division No. 10 as a whole).

	First Visits
Children under 1	765
Children between 1 and 5	2114
Other cases	739
Total	3618

2. CHILD WELFARE CLINICS.

Total number of children under 5 years of age who first attended all Clinics during the year:

Born in 1949	412
Born 1964-68	102

Number of sessions held:

SNAITH	52
Total attendance	837
Average per session	16
SWINEFLEET	48
Total attendance	468
Average per session	10

3. SCHOOL HEALTH SERVICE.—Divisional figures.

Attendances at Clinics	368
Number attending Speech Therapy	0
Number inspected in School by School M.O. ..	1768
Number inspected in School by School Nurse ..	6103
Number of verminous heads	87
Primary tests for Subnormality	22
Re-examinations for Subnormality	10
Reported to M.D. Authority as ineducable ..	0
Recommended for Special Schools	8
Attending Special Schools	78
Reported for care and guidance	1
Audiometry tests by School Nurse	920
Audiometry tests by School M.O.	70

County Occulist:

Number of cases seen	678
Number of spectacles prescribed	155

The following defects were found at medical inspections :

						Requiring treatment	For ob- servation
Verminous heads	..	..	..	..		87	0
Skin	..	..	..	..	..	31	17
Vision	..	..	..	..	..	129	8
Other eye conditions	..	..	..	..		9	10
Hearing	..	..	..	..	..	29	39
Other ear defects	..	..	..	..		10	21
Nose and throat	..	..	..	..		17	65
Speech	..	..	..	..	..	0	35
Cervical glands	..	..	..	..		0	34
Heart and circulation	..	..	..	..		3	11
Lungs	..	..	..	..	..	15	5
Developmental	..	..	..	..		11	7
Orthopaedic	..	..	..	..		18	20
Nervous System	..	..	..	..		12	3
Psychological	..	..	..	..		3	4
Enuresis	..	..	..	..	..	29	12
Other conditions	..	..	..	..		12	6

4. PAEDIATRIC CLINIC

No. of individual patients seen :

Pre-school	..	..	..	..	..	..	53
School	..	..	..	..	..	..	59
Total attendances :							
Pre-school	..	..	..	..	..	..	61
School	..	..	..	..	..	..	107

5. MATERNITY SERVICES.

Confined in Hospital:

Goole Maternity Home	..	..	..	..	..	192
Fulford Maternity Home		..	..	..	..	275
Wakefield	..	..	..	..	..	129
Leeds Hospitals	..	..	..	..	..	7
Other Maternity Homes	..	..	..	..	..	11

Total 614

County Midwives:

There were 168 domiciliary confinements in the division.

The following summary of the work of the County Midwives is for Division 10 as a whole:—

Number of Midwives	..	..	7
Number of cases	..	..	168
Gas and air analgesia	..	..	0
Trilene analgesia	..	..	130

6. HOME NURSING (Division 10 as a whole).

Number of Nurses	..	..	7
Number of cases completed	..	..	673
Number of visits	..	..	16593

7. HOME HELPS.

Home Helps were employed for 79,493 hours attending cases in the Division.

The following cases were attended in Goole R.D.:—

Maternity	..	..	..	0
Chronic Sick (Over 65)	..	..	..	33
Chronic Sick (Under 65)	..	..	..	2
Others	..	..	..	1
Total				36

8. IMMUNISATION AND VACCINATION. This has now been placed on the computer and the figures given below are for the Division as a whole for the year 1970.

(a) Total Injections given

Diphtheria, Tetanus and Whooping Cough	..	955
Diphtheria and Tetanus	..	556
Measles	..	945
Polio	..	1396
Rubella	..	272
Smallpox Vaccination	..	673
Tetanus	..	1646

(b) Primary Doses

Diphtheria	..	801
Measles	..	945
Polio	..	913
Rubella	..	272
Tetanus	..	799
Whooping Cough	..	734
Smallpox Vaccination	..	661

(c) Reinforcing Doses

Diphtheria	..	..	..	..	..	767
Polio	..	..	..	..	..	483
Tetanus	..	..	..	..	..	847
Whooping Cough	..	..	..	..	..	222
Smallpox Re-vaccinations	..	..	..	..	..	12

9. B.C.G. VACCINATION OF SCHOOL CHILDREN
(12 years of age).

Number of acceptances in 1970 .. 623

Pre-vaccination Tuberculin Tests :

Positive (not requiring vaccination) .. 46 (7.38%)

Negative (requiring vaccination) .. 577 (92.62%)

Number vaccinated with B.C.G. .. 577

10. CHILD GUIDANCE.

No. of new cases 14

No. of cases discharged 9

11. MENTAL HEALTH.

Mental Health Act, 1959.

The number of persons under care and guidance at the end of 1970 was as follows :—

	Male	Female	Total
Psychopathic	0	0	0
Mentally ill	6	6	12
Subnormal	4	3	7
Severely Subnormal	6	5	11

Admission to Mental Hospitals by the Mental Welfare Officers during 1970 were as follows :—

	Male	Female	Total
Emergency Admissions	0	3	3
Admission for Observation ..	3	4	7
Admission for Treatment ..	2	0	2
Informal Admission	4	8	12

12. MASS RADIOGRAPHY SURVEY, 1970.

The Unit visits Selby and Goole twice per month,

451 were examined at Goole and 157 at Selby, a further 260 were examined in a Survey at Goole.

PUBLIC HEALTH DIVISION No. 10

The County Districts forming Division No. 10 are :—

Goole Borough (1,267 acres) Selby Urban (3,883 acres)

Goole Rural (38,238 acres) Selby Rural (33,304 acres)

Area of the Division 76,692 acres

Population (Estimated mid-1970) 48,550

(Census 1961) .. 44,533

DIVISIONAL HEALTH OFFICE AND STAFF

6/7 Belgravia, Goole. Telephone Goole 4216 & 2923.

Divisional Medical Officer and Divisional School Medical Officer:

MURIEL J. LOWE, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

Senior Clinical Departmental Medical Officer and School Medical Officer:

EILEEN M. R. BELL-SYER, M.B., B.S.

Area Dental Officers:

P. F. A. ELTOME, L.D.S. (Goole). J. R. CLAYTON, B.Ch.D., L.D.S. (Selby).

Divisional Nursing Officer: Miss D. M. E. GOLDTHORPE.

Health Visitors and School Nurses: Mrs. B. BEAL, Miss D. M. BUTLER, Miss L. CHAPMAN (to 1.9.70), Mrs. M. DODSON, Mrs. M. D. GARDNER (from 1.7.70), Mrs. I. B. A. LAWRENCE (from 1.10.70), Mrs. A. M. RAWES, Miss A. RIDSDALE, (to 31.12.70), Miss D. M. ROBINSON, Mrs. A. SUTHERLAND (part-time). Assistants: Mrs. F. JARY, Mrs. E. A. ZAPH, Mrs. E. M. HOWARD (part-time).

Home Nursing Sisters: Mrs. H. B. BEAUMONT (to 30.9.70), Mrs. M. CHAPMAN (from 1.7.70), Mrs. W. E. DUFFIN, Mrs. S. E. HERRON, Mrs. E. HIGGINS (from 1.12.70), Mrs. D. L. HUTTON, Mrs. B. ROSS (part-time), Mrs. J. M. SAWDON, Mrs. M. S. TWINEHAM.

Domiciliary Midwives: Mrs. M. M. APPLEBY, Miss I. CAMPBELL, Miss E. CLAYTON, Miss H. ELLIS, Mrs. D. FRANKLIN, Mrs. A. G. HORSFIELD, Miss E. D. LAKING.

Mental Welfare Officers: Mr. T. G. FOSTER, Miss M. J. HURLEY.

Rawcliffe Training Centre (Rawcliffe 387):

Supervisor: Miss C. S. LOGAN. Staff: Mrs. A. ALVEY, Mr. C. BOYALL, Mrs. E. GOODALL, Mrs. A. W. JARVILL, Mrs. R. ROSE, Mr. R. C. HUNT.

Snaith Day Centre:

Instructors: Mr. G. H. PURCHON, Mrs. R. H. KERSHAW.

Welfare Officer: Mr. D. HIRST.

Blind Welfare Officer: Mrs. J. KILNER (Goole 4218).

Divisional Administrative Officer: Mr. R. TOWELL, A.M.R.S.H.

Senior Clerk: Mr. G. N. NOWILL. Staff: Mrs. N. ALMOND, Miss S. L. BRAMHAM, Mrs. M. E. BRYARS (part-time), Mr. J. LAWTON, Miss S. H. MILEHAM, Mrs. J. MILES, Mrs. M. READSHAW (part-time), Mrs. J. E. TAYLOR.

PUBLIC HEALTH INSPECTOR'S REPORT FOR 1970.

To the Chairman and Members of Goole Rural District Council.

Mr. CHAIRMAN, MESDAMES, GENTLEMEN,

I have pleasure in presenting the report on work carried out by your Public Health Inspectors during 1970.

The year has been one which will go down in the history of local government in this country. I would like to think that the events of 1970 will never again be repeated, but the current climate of industrial unrest makes such thinking rather unrealistic. For 1970 was, of course, the year of THE STRIKE.

For years now, it seems, we have read in the newspapers about strikes occurring in certain sections of industry and taken a rather superior attitude that it "couldn't happen to us". Local Government service has never paid wages comparable with those offered by many industrial firms, but in most areas there are compensations in working for the public, not least being the satisfaction of doing a worth-while job. In the smaller authorities, at any rate, there is a good, *esprit-de-corps* amongst the various sections.

Even when other parts of the country suffered Council workers' strikes and the streets of London became paved in garbage we still thought it inconceivable that it should happen in our own corner of Empire.

But happen it did. Without warning or notice our refuse collectors and sewage works maintenance staff disappeared with a rapidity that would be the envy of every member of the Magic Circle.

Our complacency lies shattered in a thousand pieces. "Our" strike was a very mild affair without pickets or the ugly scenes that became a familiar ration of the television newsreels. But it did take place. A Union meeting somewhere, miles away, took a decision that could so easily have put large areas of our district under a sea of sewage. It all seemed so reminiscent of the generals sitting in their air-conditioned bunkers and playing with pins on a map.

All this is now past history, of course. Once things return to normal, memories soon fade and there are not, and never have been, any lingering feelings of resentment or recrimination for a period most of us would like to forget.

But past events leave their marks and we evaluate our day to day problems in the light of past experience, often without consciously going through the thought process. The strike marked a milestone in our labour relations, it could be more of a signpost toward future patterns or a turning point on the road. Whatever analogy is used, or however one sees it, it was a definite break with the past. The tradition of service to the public above all other considerations was broken, and the local authority workers tasted a power which shook the country and perhaps some of the strikers themselves.

Things can never be the same again. Complacency must not insinuate itself back into our attitudes. We have been sharply reminded that our workers are Industrial Workers the same as in any other sector of the economy, they expect the same returns from their labour and will take exactly the same action as workers in private industry if they feel their just aspirations are being thwarted. On the management side we must shake the last shreds of 19th century doctrines out of our heads and treat our organisations more like the best industrial firms and less like an inner welfare state.

And so, to quote the current "in" phrase, we are dragged kicking and screaming into 1971.

Let us hope it brings better things.

Yours faithfully,

J. ALLAN POTTS,

Public Health Inspector.

HOUSING

In spite of the fact that there seems to be a general slowing of pace in the building industry there were 154 private enterprise and 22 council dwellings completed during the year.

Sharply rising construction costs have been a feature of house building during the year and with high interest rates reducing demand, the builders have been in an unenviable position. They have responded by cutting costs, which in general means cutting down on size and getting more houses on each piece of land. The purists sometimes object to these tactics, and complain about "hordes of little boxes crammed in to the smallest possible space". It must be confessed that some developments are not attractive to the Planner's eye (although they give them planning permission!), but if handled with some imagination I see little wrong with reasonably high density bungalow development for suitable people. Far better to have neat easily-maintained pocket handkerchief gardens, than vast unkempt semi-smallholdings. It makes sense to have mini-kitchens and small rooms for a husband and wife out at work all day and only able to give a house the minimum of housework and maintenance. But — and this is the qualifying factor — a high density bungalow site has, in some aspects, the characteristics of a block of flats laid on its side, and two or three families with unruly children can have a quite devastating effect on the neighbourhood. A balanced housing programme would include houses of all types and sizes so that there was a reasonable choice of house for each need. The weakness of the present position is that with prices and interest rates at the present level there is a "hole in the middle" with small, high density development predominating and then very little being built until one gets to much larger detached properties which are not economically possible for many people. Many families thus find themselves restricted to the former type of house, and whilst most of them adapt very well and learn to appreciate the great freedom that a minimum of work brings, there are the odd ones that provide a great problem for themselves or their neighbours.

Improvement grants for housing continued at almost exactly the same level as last year, but leaving the impression that owners are now tending to submit much more elaborate reconditioning schemes than the "bath and W.C." applications which have predominated for many years.

DRAINAGE AND SEWERAGE

The sewage treatment works at Snaith are working well, but the sludge digestors did not prove to be the efficient tool that we had hoped. I noted in last year's annual report that the tanks were producing a sludge which was difficult to dry, but hoped that a

gradual improvement would result with an increase in bacterial activity. In fact this has not happened, and sludge is now put on to the drying beds straight from the settlement tanks, the digestors being used only as holding tanks to store any excess quantity during wet weather.

Continued expansion of the County Council Training Centre and the Rawcliffe Hall hospital are causing difficulties at the Rawcliffe sewage pumping station. The sewage inflow from such institutions is very large and often contains quantities of all manner of objects put down the drains by patients. These clog up the screens and either cause a stoppage in flow through the station or get into the pumps and cause much work dismantling and clearing the obstructions. When the north part of Rawcliffe village is sewered to the works instead of discharging to the river, the opportunity should be taken to fit comminutors to the Station Road pumping station. These machines grind up all solid matter in the sewage and are the obvious answer to what is an increasingly serious problem.

THE PROPOSED INTERNATIONAL AIRPORT

One of the major issues arousing local interest during 1970 has been the question of where to site a new International Airport and as we start 1971 the Roskill Commission has just published its findings in favour siting the airport at Cublington in Buckinghamshire. The good people of that area are up in arms and militantly against the proposal. The other site mentioned in the report was Foulness and here too local organisations threatened drastic action if any attempt is made to put an airport in that locality. Thorne Moors is a site that has been canvassed with great activity by the West Riding County Council and the cities of the Yorkshire and Humberside Region, but hardly a voice has been raised against it locally.

How is it that local feeling appears to be so indifferent to a proposal that is looked upon with abhorrence by people in another part of the country?

The answer must be that very few people around here have any idea at all of the changes that would come about if a large inter-continental traffic airport were to appear on this doorstep, whereas those near to Heathrow or Gatwick can see what a large airport looks like and do not like what they see.

In his "note of dissent" in the Roskill report, Professor Buchanan "doubted whether many people had grasped the scale of the enterprise . . . a noise umbrella would extend over 350 square miles rendering 50 square miles of it virtually uninhabitable". The Commission were working on the basis of a site for a four-runway airport that will handle 100 million passengers a year by 2001 and require a supporting population of 65,000 workers.

Figures like these make the mind boggle and when one hears other estimates such as 64 aircraft movements per hour, with a peak of one every 6 seconds at busy periods, and Lord Molson's estimate that the 65,000 workers would make necessary a town of some 275,000 people one has to give up, wondering if the planners really have this thing in mind for Thorne Moors or whether they started off by thinking in terms of a small feeder airport and then, unable to resist the idea, "jumped on the bandwagon" when the Government started searching around for a new jumbo-hole.

It is quite certain that the affair is not yet ended. The inhabitants of rural Buckinghamshire will fight tooth and nail to preserve their countryside. They may well succeed. Then the search will start again, and the Thorne Moors site will once more be pushed — especially by those living far enough away from it to benefit from its convenience but be unaffected by its nuisance.

The battle will be waged, won and lost on economics. There is little that we, sitting on the perimeter track, can do that will really influence the decision. It may well be that this is best. Viewed from a national level, and this is the only valid viewpoint, the damage to the environment, in terms of social cost per person may be an overwhelming argument in favour of the airport in our district as against south east England.

But local people ought to realise what this development would mean, and anyone who thinks that life would be just the same but with a few spots in the sky should go down to Gatwick for a weekend — not forgetting to pack their earplugs and tranquillisers.

One thing is quite certain. If the airport comes "sleepy hollow", will be no more.

**Prescribed Particulars on the Administration
of the Factories Act, 1961.**

PART 1 OF THE ACT.

1. INSPECTIONS for purposes of provision as to health
(including inspections made by Public Health Inspectors).

Premises	No. on Register	Number of		
		Inspect- tions	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	4	3	0	0
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	32	38	0	0
(iii) Other premises in which Sec. 7 is enforced by the Local Authority (excl. out-workers premises)	7	17	0	0
Total	43	58	0	0

2. Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found				No. of cases pro- secutions instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of Cleanliness (S.1)	0	0	0	0	0
Overcrowding (S.2) ..	0	0	0	0	0
Unreasonable temp. (S.3)	0	0	0	0	0
Inadequate ventilation (S.4)	0	0	0	0	0
Ineffective drainage of floors (S.6)	0	0	0	0	0
Sanitary Conveniences insufficient, unsuitable or defective (S.7)	2	2	0	1	0
Other offences	0	0	0	0	0
Total	2	2	0	1	0

